

REFUND/CANCELLATION REQUEST CERTIFICATION

- The Account Owner should review the GET Cancellation and Refund Policy, select the reason for the request, and include supporting documentation if required. The program reserves the right to require additional documentation.

Current Account Information

GET Account Number(s)			
Account Owner's Name		Social Security Number	
Street Address/Apartment Number		Email Address	
Post Office Box Number		Telephone Number(s)	
City / State / ZIP Code		Home	Work

Statement of Request for Cancellation and Refund

I hereby request a refund of _____ GET tuition units based on the following criteria:

Review the Cancellation and Refund Policy and FAQ's for a full description of each criterion.

- | | |
|---|--|
| <input type="checkbox"/> Death of Student Beneficiary include copy of death certificate | <input type="checkbox"/> Within 3 days see policy for criteria |
| <input type="checkbox"/> Disability of Student Beneficiary include copy of medical documentation | <input type="checkbox"/> Within 6 months see policy for criteria |
| <input type="checkbox"/> Scholarship include copy of scholarship award | <input type="checkbox"/> Less than \$500 see policy for criteria |
| <input type="checkbox"/> Graduation/Program Completion include copy of certificate/diploma | <input type="checkbox"/> Meets 2-year wait requirement |
| <input type="checkbox"/> Non-Attendance: "I certify that the student beneficiary is 18 years of age or older, and will not be attending an eligible institution of higher education, as determined in RCW 28B.10." | <input type="checkbox"/> Bankruptcy include copy of bankruptcy filing and letter from trustee |
| <input type="checkbox"/> My account balance is zero. Cancel my account. | <input type="checkbox"/> Financial Hardship (excludes bankruptcy) |

Payment Arrangements

- ☐ **Inactivate ACH** Please inactivate the ACH associated with this GET Account. This does **not** guarantee that it will be cancelled in time for the next scheduled withdrawal. Contact customer service for further details.
- ☐ **Payroll Deduction** Inactivating a Payroll Deduction **requires** the employee to complete and submit to his or her Payroll Department the **Payroll Deduction Form**, available for download from our Web site at www.get.wa.gov.
Submit to payroll office
- NOTE:** Only your Payroll Office can confirm the exact termination date for your Payroll Deduction

Signature – REQUIRED

Only the Account Owner may request a refund.

I certify under penalty of perjury that I am the legal Account Owner, and I authorize this request on the Guaranteed Education Tuition Program account indicated above.

Account Owner's Signature (Notary must witness signature)

Date

Notary Section – REQUIRED

State of _____

County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____

Signature _____

(Seal or Stamp)

Title _____

My appointment expires _____